Gender issues and Japanese family-centered caregiving for frail elderly parents or parents-in-law in modern Japan: From the sociocultural and historical perspectives

Yumi Hahsizume

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Abstract

This paper presents a sociocultural and historical literature review of gender related issues associated with family-centered caregiving for frail, elderly relatives in modern Japan. Issues addressed from a Japanese perspective are (a) women and social norms of caregiving, (b) feminine identity and caregiving, (c) women in the workforce, and (d) women and caregiving. Implications for research are also discussed.

The term "daily routine" refers to the typical activities of people in their everyday lives. While such a schedule may seem unremarkable to an individual, it is influenced by many factors (Biegel, Sales, & Schultz, 1991). For families providing ongoing care to frail, elderly relatives (usually parents or parents-in-law), a daily routine may be associated with complex emotions such as resentment about time and effort expended, sympathy for the older person, and anticipatory loss of a loved one (Biegel et al., 1991). Caregivers face many challenges, and numerous identity adjustments are required (Corbin & Strauss, 1991) in response to the chronicity of frail elderly relatives and the pressures of daily life.

In many cultures, caregiving is an historical and contemporary issue (Sodei, 1995). This is no less true in Japan, where adequate elder care is both a public policy concern and a challenge to the nursing profession. Japanese women face conflicting concerns associated with frail and ailing elders on a daily basis. This paper focuses on caregiving for frail, elderly parents and parents-in-law. Its purposes are to (a) consider gender issues of Japanese women care-givers of frail, elderly relatives by examining sociocultural and historical factors through an extensive literature review and (b) identify implications for future research.

Background

Sociocultural norms, along with the tenets of Confucianism, place an expectation on Japanese women to take on major caregiving responsibilities for their frail, elderly parents and/or parents-in-law (Sodei, 1995; Hashizume, 1998). Such norms and tenets include filial piety (respect for elders), harmony, reciprocity, dependency, and privacy (Hashizume, 1998). Confucianism views consideration, support, obedience, and respect for elders as virtues (Kiefer,1990). Filial piety charges family members with the responsibilities of caring for their elderly relatives (Sodei, 1995). Typically, Japanese people value societal harmony and they avoid troubling others (Kanemoto, 1987; Tierney, Minarik, & Tierney, 1994; Hashizume, 1998). They value reciprocity and understand it as a way of meeting debt and obligation. From this point of view, caring for elderly parents arises from a sense of gratitude for childhood nurturing (Lebra, 1976; Cox, 1993; Hashizume, 1998). Hence, a dependence of elderly people on younger generations arises naturally in many Japanese families (Osako, 1979; Hashizume, 1998).

Over the past 30 years Japan has changed demographically and advanced socioeconomically. The population has "aged" more rapidly than anywhere else in the world (Adachi, Lubben, & Tsukada, 1996; Sodei, 1995). In 1950, 4.9% percent of the population was 65 years of age and older, but by 1997 this percentage had increased to 15.7%. It is estimated that by the year 2025 this same percentage will be 27.4% (Health and Welfare Statistics Association, 1998a). In 1993, Japan had 1 million ambulatory but frail elderly and 900,000 bedridden elderly experiencing senile dementia (Health and Welfare Statistics Association, 1998b). It is estimated that by the year 2000, the number of ambulatory but frail elderly will be 1.3 million and the number of elderly, bedridden people with senile dementia will be about 1.4 million (Health and Welfare Statistics Association, 1998b). In 1995, 53% of bedridden elderly had been that way for more than 3 years, and the average time between becoming bedridden and death for people 65 years of age and over was around 8.5 months (Japanese Ministry of Health and Welfare, 1998). Over recent years the configuration of Japanese family life has changed. In 1997, 58% of Japanese households were nuclear families, and the percentage of households with members 65 years of age and older and including three generations had decreased from 54.5% in 1975 to 30.2% (Health and Welfare Statistics Association, 1998a). In 1991, Japan had one of the world's lowest birthrates, with a childbirth average of 1.53 per woman (Hashimoto & Takahashi, 1995).

Mass media has exposed Japan to many Western ideas, including ways of looking at family life and caregiving. Japanese women are taking advantage of easier access to educational resources. While in 1950 only one out of every three girls and one out of every two boys received a high school education, since the mid 1970s almost all Japanese children have attended high school, and two out of five high school graduates have gone on to higher education (Tanaka, 1995).

In addition, the expected roles of Japanese women are changing. Japan is keeping pace with a worldwide trend toward self-determination for women (Campbell & Brody,1985), and many women are now employed outside the home (Campbell & Brody, 1985; Freed, 1990; Kawashima, 1995). Before World War II women were very oppressed in Japan, but now they are steadily gaining autonomy (Smith, 1987).

Despite all of these changes, the traditional norms and characteristics of family-centered caregiving are still deeply rooted in the basically homogeneous and integrated Japanese society (Ogawa & Retherford, 1993). In 1995, 85% of caregivers of bedridden elderly were women and 34% of those women were daughters-in-law (Japanese Ministry of Health and Welfare, 1997). In fact, 34.8% of female caregivers had quit employment to take on family caregiving responsibilities (Japanese Ministry of Health and Welfare, 1997).

Japanese policy makers are increasingly aware of the need for public services to supplement family caregiving (Tsuya & Martin, 1992). They are reluctant, however, to spend public funds for these purposes and instead still expect families to support frail, elderly members at home (O'Neill & Sorensen, 1991; Shinmura, 1991; Sodei, 1995). Organized, community support for caregivers is minimal (Sodei, 1995) and effective health care programs and other services for caregivers are rare (Brackley, 1992; Hashizume, 1998). In 1990, the Japanese Ministry of Health and Welfare launched a 10 year "Gold Plan" providing $61 billion to increase welfare services such as long-term care facilities for the elderly (Ida, Tatara, Fujiwara, Takashima, & Kuroda, 1996). In 1994 the Gold Plan was revised to expand each included service component (Health and Welfare Statistics Association, 1998b).

Although Japan is the only country to develop a national plan to promote the health and welfare of elderly citizens (Adachi et al., 1996), there are insufficient long-term care

facilities to meet the need (Harris & Long, 1993; Ineichen,1996; Ida et al., 1996). Consequently, many families chose hospitals as an alternative living environment for their elderly, but otherwise healthy, relatives (Makihara, 1994;Ogawa & Retherford, 1993; Hashizume, 1998). In fact, hospital stays for elderly people in Japan are about 10 times longer than for similar elderly people in the United States (Ogawa & Retherford, 1993).

As a result of the aging of the Japanese population, there are more nurses working in health care facilities than ever before (Japanese Nursing association, 1993). In 1996 there were 31,581 public health nurses (PHNs) providing care for elderly people living at home, an 8.9% increase over 1994 (Japanese Nursing Association, 1993; Health and Welfare Statistics Association, 1998c). Because there are still not enough resources, however, nurses carry an extremely heavy workload (Health and Welfare Statistics Association, 1998c; Ojima, Saito, Kanagawa, Sakata, & Yanagawa, 1997). Nurses are now expected to provide a higher level of service than ever before. To ensure competent and safe nursing care, the Japanese Nursing Association is calling for an increase in nursing personnel in all health care facilities (Japanese Nursing Association, 1993), and it expects politicians to secure the human resources necessary to provide the required elder care (Ojima et al.,1997).

Japanese people value their privacy and many feel embarrassed and afraid when service providers come into their homes. Such invasion often strains families needing formal health and welfare services (Asahara & Momose, 1995; Harris & Long, 1993; Hashizume, 1998). Historically, Japanese family and kinship ties have been very strong, allowing most problems to be solved within family or kinship groups. To some extent family caregiving obligations are still a strong societal value (Hashimoto & Takahashi, 1995; Hashizume, 1998). The government, the public, and many elderly people assume that problems, including those of elder care, should be handled within families (Lock, 1984; Hashizume, 1998). These expectations, along with an acute sense of privacy, often limit appropriate use of community resources. Many families view using outside resources as seriously relinquishing their privacy and failing in their responsibilities (Hashizume, 1998).

In the light of social change, traditional expectations, and scarce public resources, modern Japanese women often experience a conflict between their traditional roles and their current opportunities and values (Elliott & Campbell, 1993; Freed, 1990; Holicky,

1996). At the same time, long-standing sociocultural attitudes and norms make it difficult for them to express any discontent about their caregiving burdens (Harris & Long, 1993).

Japanese Women and Social Norms of Caregiving

The traditional life trajectory of Japanese women is first to take care of their parents-in-law and their husbands, and later to be cared for by their own daughters-in-law (Sodei, 1995). After World War II, the rise of capitalism took productive functions out of the Japanese home; husbands became "away from the home" bread winners and wives became "full-time homemakers" responsible for the care of children and elderly (Sodei, 1995). Home-based "women's work," however, was not highly valued because it took place privately and was not observed or evaluated by others.

Even today, powerful ideological pressures are exerted on daughters-in-laws to assume caregiving roles. A patriarchal family system (called "ie-seido" in Japanese) demands that women obey men, that the young obey the old, and that daughters-in-law obey mothers-in-law (Sodei, 1995), in accord with Confucian ideas originating in China (Kiefer, 1990; Hashizume, 1998). Such an ideology gives men the status of family head and makes women subservient. Even though the patriarchal family system was legally abolished in Japan after World War II, the idea still exists in practical terms (Sodei, 1995). Women do not enjoy the same privileges as men; household heads are always male; and business systems including wages, promotion, taxes, and social security are male dominated (Yoshizumi, 1995). Japanese interaction styles in public, including typical seating arrangements, reflect male superiority and female sub-ordination (Smith, 1987).

In the traditionally patriarchal Japanese family system, any person exhibiting independence is shamed and considered selfish (Kanemoto, 1987; Yoshizumi, 1995). This attitude is associated with the traditional Japanese concept of reciprocity, which continues to be inculcated into the Japanese moral character (Hashizume, 1998). Further, the Japanese value of harmony between people (Kanemoto, 1987; Tierney et al., 1994; Hashizume, 1998) reinforces reciprocity in interpersonal relationships (Lebra, 1976; Hashizume, 1998). As a consequence, male chauvinism is strong and women are expected to be uncomplaining caregivers as is demanded by the need for harmony and reciprocity within family circles (Sodei, 1995). Thus, middle-aged, working women are

often expected to devote significant time and energy to the care for the older generation (Lock, 1993), and they may have to leave employment when a family member becomes sick or impaired (Kanemoto, 1987; Yoshizumi, 1995).

Laws and customs still reinforce traditional social norms, but attitudinal changes are occurring (Sodei, 1995). Currently, higher education and increased access to alternative information has widened the vision of many Japanese women (Sodei, 1995), some of whom refuse to stop working despite the pressures imposed on them by others (Kokumin Seikatsu Senta 1981 as cited in Sodei, 1995; Yokohama-shi Shimin Kyokyu 1984 as cited in Sodei, 1995). Educated women resent traditional expectations for caregiving (Freed, 1990), and women with minimal formal education are following suit.

Japanese Feminine Identity and Caregiving

In Japan, a feminine identity is related to gender role differentiation and expectations exerted by others (Sodei, 1995). In general, Japanese women have been socialized to be expressive, nurturing, and responsive to the needs of others and are encouraged to define themselves according to their relationships (Cox, 1993). This is because Japanese women are trained by their mothers from early age to "make the best of whatever life gives." The terms "masculine" and "feminine" are applied to demeanor, activities, interests, and preferences in daily life (Smith, 1987). It is assumed that Japanese women value being "ladylike," and are proud of the role they take on in their households (Reischauer, 1981). Consequently, many Japanese women believe that caring is their destiny (Sodei, 1995).

As mentioned above, Japanese people value their privacy. This value, associated with traditional feminine characteristics, makes it difficult for women to avoid caregiving responsibilities (Cox, 1993) and to access appropriate community resources for support (Hashizume, 1998). Many caregiving daughters and daughters-in-law speak in terms of there being "no other way," while at the same time saying, "I would prefer to escape from the present situation" (Center for Development of Welfare for the Aged 1987 as cited in Sodei, 1995).

The unprecedented Japanese economic prosperity of the 1980s, however, produced "freedom" and "abundance" for many Japanese women (Lock, 1993). Even the Japanese

government suggested that middle-aged women should cultivate their own psychological and physical welfare through hobbies, sports, cultural activities, and future education. Economic prosperity also encouraged many Japanese women to consider employment as a viable possibility. The Japanese government announced that women should assume suitable part-time employment or participate in volunteer work.

Hence, a growing rejection of the gender role differentiation that has prevailed for centuries is emerging among Japanese women (Freed, 1990). An incongruence exists, however, because while the government encourages women to advance, traditional expectations for elder care-giving persist. Moreover, the value of family harmony and the emphasis on demure feminine qualities prevent many women from changing the patterns.

Work Force Participation of Women in Japan

The traditional division of labor that sends "men to work" and keeps "women at home" seems to many to be outdated (Kawashima, 1995). More married Japanese women work outside the home than ever before (Freed, 1990). In 1991, 26.5 million Japanese women (50.7% of women 15 years of age or over) were employed (Kawashima, 1995). In 1990, 48.4% of women workers were over 40 years of age, and 58.2% were married (Sodei, 1995). Previously, most Japanese working women were housewives with temporary jobs (Sodei, 1995); however, now more middle-aged women are employed full time. In 1950, the average age of full-time working women was 23.8 years of age, but in 1994 it had increased to 36.1 years of age (Prime Minister's office, 1995).

Several factors explain the change in the Japanese women labor market (Smith, 1987). Firstly, a shortage of young labor occurred in the 1970s because of a decline in the national birthrate following the legalization of abortion and an increase in the proportion of young women attending high school. Employers were then forced to hire older women who were willing to accept the low pay-scale typically offered to younger workers. Secondly, the consumer boom and an increasing demand for higher education for children influenced the employment of women. Many Japanese women seek employment in order to supplement the family income to cover the cost of purchases and higher education for children. Thirdly, since their roles as wives and mothers remain indispensable, Japanese women look for jobs that offer hours and locations convenient to home so they can perform domestic duties as well. Work is not an alternative to homemaking but an extension of domestic responsibilities (Smith, 1987). As in many

societies, life is complex for contemporary Japanese women given their conflicting responsibilities. Because of their increased work force participation, it is often difficult for Japanese women to take care of their parents-in-law and their husbands (Sodei, 1995).

Japanese Women and Caregiving

While in capitalist societies caregiving tends to be under-valued (Sodei, 1995), this is certainly not the case in Japan (Reverby, 1987), where caregiving is valued ideologically but is not rewarded structurally. In 1991, the government created a day of recognition called "Nursing Day" (Japanese Nursing Association, 1993) to honor home helpers, PHNs, and other nurses. Nursing Day, however, does not honor "tired housebound caregivers" (Lock, 1993, p.54).

Despite the acknowledgment of Nursing Day, nurses continue to carry extremely heavy workloads and their salaries are much lower than those of male workers in similar occupations (Japanese Nursing Association, 1993). There is also a large salary differential between physicians and other health care workers. Even when physicians are excluded from consideration, nurses' salaries are very low relative to others'. Moreover, the salaries of women in general, including nurses, do not increase for experience at the same rate as do the salaries of men (Japanese Nursing Association, 1993).

Despite historical values supporting family caregiving by women, a major transition is occurring. Many Japanese women still feel a strong sense of filial responsibility toward their aging parents and/or parents-in-law, but they are reluctant to deprecate themselves anymore (Freed, 1990).Increasingly, if the spouse of a bedridden elderly person is still alive, he or she assumes the primary caregiving role. It is not automatically assumed that a daughter-in-law will take on this role even if she lives in the same house as the frail, elderly person (Freed, 1990).

More and more Japanese women prefer self-realization to self-sacrifice, and they do not identify themselves with caregiving roles (Freed, 1990). Even if they are taking care of their mothers-in-law, women in their 50s or 60s know that they will never be able to depend on their children or daughters-in-law when they are older (Sodei, 1995).

Despite current changes, Japanese women are still exposed to the combined pressures

of social and cultural norms for caregiving, the shortages of community resources (Hashizume, 1998), and their own desire for a sense of personal well-being (Lock, 1993). Some Japanese women, however, voluntarily assume caregiving roles even without overt pressures. They know that they would feel guilty if they did not do so, and some feel it is a natural role (Sodei, 1995). There is a tendency for women to feel guilty and to think of themselves as selfish if they fail to perform their duties as wives and mothers (Lebra & Lebra, 1974) or to respond to the needs of frail, elderly relatives (Cox, 1993). The factors influencing these feelings are complex and are generally described as the "myth underlying the sense of guilt" (Brody, 1985, p.26).

Implications

An extensive literature review has been presented as an initial step in exploring the gender issues affecting contemporary Japanese women caregivers of frail elderly relatives. There are no known studies exploring gender issues of Japanese women alongside current caregiving responsibilities from a sociocultural and historical perspective. There are, however, many Japan-based epidemiological studies of family elder care and the current conditions of caregivers (Nakajima, Nagata, Kudo, & Yamada, 1996; Ueda et al., 1994). There are also studies that examine "caregiving burden" or "strain" by measuring psychological caregiver distress (Sugihara, Sugisawa, Nakatani, & Shibata, 1998). So far, caregiving studies tend to be superficial since conceptualization and measurement of the reality in Japanese women caregiving roles are complex and evolving (Ohta,1992). Much of the literature reviewed for this article was in English. No other country, however, has as rapidly an increasing aging population as does Japan (Adachi et al.,1996), and it may be inaccurate to rely on the findings of studies embedded in western cultures (Yamamoto, 1995; Hashizume, 1998).

It may be assumed that the gender issues in Japan discussed in this paper are about cultural values and attitudinal behavior. These values and arising behaviors may threaten the well-being of women, especially women caregivers. This is illustrated by their typical statement, "I would prefer to escape from the present situation" (Center for Development of Welfare for the Aged 1987 as cited in Sodei, 1995, p.217). Well-being is further threatened when women perceive themselves as shameful or selfish in their desire for self- determination (Kawashima, 1995; Yoshizumi, 1995). Caring for and nursing elderly people at home should not be based on the "sacrifice and devotion" of women (Lock, 1993, p.54). Gender issues are significant in promoting healthy caregiving (Ohta, 1992; Hashizume, 1998) and, as such, they need careful examination

through research using qualitative methodologies (Ohta, 1992). This would contribute to the construction of effective health-promoting nursing intervention and support services for family based caregivers (Brackely, 1992; Hashizume, 1998).

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